

(Column 1)	(Column 2)
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

* If the difference in column 1 is less than zero, enter "0" in column 2.

(Column 1)	(Column 2)	(Column 3)
CLAIMS		

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

Collection of information: (Total or Independent...)

If you need assistance in completing the form, call 1-800-FTO-3199 and select option 2.